

ORAL HYGIENE

April, 1922

THE FOURTH CARD OF THE DENTAL WELFARE SERIES	505
GUESS WHAT? THE GUESS	506
<i>By C. Edmund Kells, D.D.S.</i>	
ORAL HYGIENE PROGRESS IN DESMOINES SCHOOLS	512
ON "THE DETERMINATION OF INFECTION"	514
<i>By B. S. Davisson, A.B., A.M.</i>	
THIS DENTAL OFFICE IS AN AUTOMOBILE	516
LEMON MERINGUE	519
<i>By John Philip Erwin, D.D.S.</i>	
"VICH YAW, DOCTOR?"	523
<i>By S. C. Morrison, D.D.S.</i>	
A DENTIST'S HOLIDAY	524
ASSOCIATION OF MILITARY DENTAL SURGEONS OF THE UNITED STATES— <i>Editorial</i>	528
THE TEST	530
<i>By Rea Proctor McGee, D.D.S., M.D.</i>	
PYORRHEA ALVEOLARIS— <i>A Suggestion</i>	532
<i>By R. R. Bryen, D.D.S.</i>	
ORAL HYGIENE—SEPIA SECTION	533
DEPARTMENT OF PEDIADONTIA	537
<i>By W. A. Brierley, D.D.S.</i>	
EDITORIALS	541
ORGANIZATION COMMERCIALIZED PATRIOTISM	
LAFFODONTIA	546

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NEY "G" ORO

*A really dependable Gold Color alloy
for cast clasps and allied applications*

SINCE the introduction of Ney-Oro "E" (platinum color), the alloy which made the cast clasp possible, numerous gold color alloys have been offered the profession for that purpose. But none has possessed the necessary strength, resiliency and other essential physical properties.

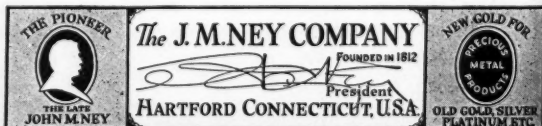
We now offer to the profession Ney-Oro "G," an alloy with the strength and resiliency of "E," but of a *gold color*.

Thus the profession is now able to obtain a scientifically prepared alloy that has not only the color generally preferred, but also the physical properties requisite in a clasp metal.

Ney-Oro "G" contains ample platinum but no nickel or other deleterious elements, and may be melted and remelted without deterioration.

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\$2.00 PER DWT.



ORAL HYGIENE

FOUNDED 1911

APRIL, 1922

VOL. XII, No. 4

The Cheeks and Tongue



HOW do you keep your food balanced upon your teeth while you chew it? Why, by the wonderfully accurate team work of the tongue and cheeks. Your tongue and cheeks and lips place your food in the proper position—first between the incisor teeth in front to be cut up, then between the cuspids for the tearing of fibers that may be present, then over the bicusps for heavy crushing, and last upon the molars to be ground to the finest mesh. When the food is ready to be swallowed, the tongue carries it back to the pillars of the throat. Don't you realize that the loss of a tooth interferes with this wonderful process? Keep your teeth healthy.

No. 4. Of a series of health talks, the text of which is approved by the National Dental Association.

Copyright, 1921

DENTAL WELFARE FOUNDATION
Pittsburgh, U.S.A.

The public usually has very little conception of the team work between the teeth, cheeks and tongue, and this fourth card, of the Dental Welfare Series, being mailed this month, shows the intimate connection of these organs and the danger from the loss of a tooth to all of them.

Guess What?

The Guess

By C. EDMUND KELLS, D. D. S., New Orleans, La.



ORAL HYGIENE is undoubtedly a most popular little journal, if one may judge from the manner in which some of its readers appear to be clamoring for that free subscription for 1923.

When the idea of the contest was first conceived, I did not think it would afford so much pleasure and that such interesting suggestions would be made.

Before my copy of the journal had even been received, two guesses had come in, and they were corkers; they sure did take a fall out of me all right:

"This is my guess. You collected your fee."

—M. C. Marshall

"Dear Doctor:—You prayed."

—A. H. Stith

Can you beat that! No, Brother Marshall, that is not the guess, but I recognize that it is far better than my answer, and I believe I will incorporate that idea in my formula, for immediate root canal filling, in the future. It certainly can do no harm.

I see where Brother Stith has "sat upon the mourners' bench." No, Brother Stith, I did not pray—I did something far better than that.

Now, of course, these two fellows do not win the contest, but I believe that, digging way down into their heart of hearts, as they did, and producing such wonderfully applicable answers, they are entitled to some recognition; and I am free to confess that both would have been right if it had not been for that other *one thing*. But wait—here's another:

"You killed your patient. That is my guess. Thanks for the year's subscription."

—Walter C. Merkert

Now Brother Merkert is not right in his guess, and it is a very bad guess too, because he might know that I didn't happen to kill this patient, or I would not have reported the case. And he just spoiled it all by bringing to my mind the many patients that I have nearly killed by my immediate root canal filling. Now is that nice? Doesn't he know that I think of them often enough without being thus publicly reminded of them?

However, I forgive Brother Merkert because of his great desire to get that year's subscription to ORAL HYGIENE. I reckon it was a case of the "end justifies the means," so I forgive him.

And here's another in just the same peace-disturbing-class:

"My guess—While the tooth was so nice and comfortable under the anesthetic, you simply extracted it. I have noticed that extraction usually gets the results that you secured."

—Jack Stringfellow

Now that's the "most unkindest cut of all." Now Jack, my boy, can't you appreciate that in this *one* instance, at least, I did *not* extract the tooth, and that I was talking of this one case alone, and not of any of those other 'steen cases where I did extract them? For Heaven's sake, don't refer to them. You should be more kind and considerate.

Then comes:

"You offered up a little prayer."

—Irving E. Strong

All of these are in a class by themselves. Then all manner of guesses came in. Apicoectomy; aconite and iodine; relieving the occlusion; drilling through the gum and external alveolar plate into the process at the root end; capsicum plasters; "your heat poultices;" lancing the gum; all of which are very good guesses, but not *the* guess. And now here comes the *winner*, and he's a peach.

Listen to this:

"Dear Doctor:—Here is the guess: Leeches.

In an article in *Dental Items of Interest* by you some few years ago you suggested leeches as a means of relieving pericementitis quickly. I used these slippery slims many times and it always worked well.

"Do you still use phenol for putrescent root canals? This too seems to be very good.

"I take this opportunity to thank you for all the great work you are

doing for humanity through the education of the dentist by your constant flow of ink to the best use that any dental writer ever made.

Sincerely yours,

—Jacob F. Lief"

Folks dear, please don't blame me for publishing Lief's letter in full. The life of a dentist—especially a root canal filler—is just "one damn hell-abaloo after another," to use a more or less familiar quotation; so why shouldn't I be pleased to receive such an unusual letter from a brother dentist—more especially from one I do not know?

That's the guess, friends—just a little, weeny leech. The little "slippery slim" turned the trick—at least that's my belief—and believe me I never would have filled the root at that time and under those conditions—immediate root canal filler that I am—if I had not first telephoned to the drug store and been told that leeches were on hand.

My good friend, Frank Roy (New York) also guessed a leech—but Roy was in my office as my associate for a number of years, and there learned to use leeches himself. So he, being in the family, as it were, could hardly enter the contest. It is a satisfaction to know that, after all these years he still appreciates the value of leeches.

Now when it comes to "immediate root canal filling," while I have my own individual method, it is based entirely upon what I was taught by others. In the first

place, Cassius M. Richmond, in 1885 or thereabouts, taught me: (1) To fill all root canals immediately. (2) To always relieve the occlusion *after* the filling, and (3) To take a No. 1 round bur and pierce the gum and exterior alveolar plate near the apex. That is what Richmond taught me those many years ago, and what I have been practising ever since. However, I had used leeches before, and so I added leeching, when necessary, to his program.

In the early days, I always followed his directions and perforated the alveolar plate as near the apex of the root as possible, but this did not always prevent trouble, and I finally gave it up for the following reasons.

I filled the root of a lower bicuspid. I perforated the labial plate as usual. The tooth gave trouble. I extracted it. Upon examining the root, I found that when I drilled through the plate *at* the apex of the tooth, I missed the mark by about one quarter of an inch; that I not only had perforated the plate, but had also perforated the *root itself* for one thirty-second of an inch, possibly.

Then I said to myself, "What a rotten job." (I hear no contradictions). Then I began to think over just what this drilling was intended to accomplish, and the more I considered it, the less I thought of it, and I have never done it since. However, if any one can locate the exact end of the

root, and drill down into the area just beyond the apex, I think it might help, but I cannot do this. I have not the skill; so why deliberately make a failure?

The very worst alveolar abscess that ever was, started as a *slight periodontal inflammation*. Now the time to knock it out as "dead as Hector" is when the irritation is in its first stage. Later on, when it gets to prancing down the hill, nothing will *stop it*; then its course must be hurried, that's all.

In olden times, about all of the dentists and doctors in this section of the country used leeches—drug stores all over the city keeping them in stock. I have an idea that it originally was a French practice—and our city was largely French. My father used them, so, naturally, he taught me their value.

The root canal problem is—or rather should be—the dental problem of to-day, and of the future. Whatever success I reach in dealing with root canals, I feel sure is due entirely to two things—the one, the use of leeches; the other, assimilating their qualities and sticking to my patient "like a leech."

The moment I have completed a root canal filling, I throw a life-line around the patient, and I hold on to my end like "grim death."

Assuming a case: I fill a root canal at nine o'clock. The tooth "feels comfortable" says the patient. Everything

looks lovely; there is no reason to expect trouble. Now here's my long suit. While there is no reason to expect trouble, I fear it all the same. That's why I possibly will win out.

The root is filled. I am very careful to relieve the occlusion. If I fail to do this, I may as well cut my life-line. I have made my first great *inexcusable* mistake. I then say to my patient, "Now listen, if the tooth feels the least bit sore during the day, you must phone me right away." Should I get the message, an appointment is made, and, believe me, I see that it is kept all right. I find that the tooth is a little sore on pressure. The very first thing to do is to *again* look after the occlusion. Then a leech is applied.

When the patient is now discharged, the life-line is still about him. I tell him that if his tooth is not a whole lot better by eight o'clock, he must apply slippery elm poultices for one hour by the clock, and he must apply antiphlogistine to his face and keep it on all night. Failing to carry out these instructions, and an abscess forming, I wash my hands of the case; or words to that effect—or more so. This is no time for flim-flamming.

At nine o'clock another pull on the line. I ring him up and find out how he is, and if necessary, prescribe Pyramidon or Codein, in addition to what he has already done. With these directions faithfully carried out he will probably answer (another pull

on the life-line) an early ring at seven or seven-thirty the following morning with the reply that he slept all night and his tooth is comfortable. If that's the case, the life-line is cast off, because if this incipient peridental inflammation is checked, the game is won. Thus, you see, I have in fact stuck to him "like a leech" and that's why I got the result.

Now let's take the same case and handle it just a little differently.

I fill a root canal at nine o'clock. Upon completion, the tooth is comfortable, so I do not look after the occlusion, but I say, "If the tooth gets sore, call in the morning." Next day, the patient calls and says the tooth is pretty sore; cannot close on it without causing pain. I try to grind it down, but it hurts so much I give it up (twenty-four hours too late). I paint the gum with aconite and iodine (just that much aconite and iodine wasted; might as well pour water on a duck's back) and tell the patient to take some aspirin if it does not get any better.

The usual story. All day it feels fairly comfortable, but "Watchman what of that night?" About nine o'clock it begins to get worse. Maybe his doctor gives him some Codein and he sleeps, or maybe he passes a sleepless night; and the next morning he comes to the office in a frightfully bad fix with his face swollen, and then I apply a leech. Vain effort—twenty-four hours, or

possibly thirty-six hours, too late. Besides the leeching, I do everything else imaginable, but to no avail. The abscess must run its course, or possibly the tooth is extracted.

These are two pictures of extreme cases, I will admit. There are all kinds of degrees between the two.

Now this is the way I look at it. I don't care how well the canal is filled, and how fine it looks in the skiagraph, if the dentist allows his patient to go through one or more days of suffering through indifference and because *he did not do the right thing at the right time*, I call him a pretty poor dentist, as far as filling root canals is concerned.

I don't mean to say that I *can always* avert post-operative pain after a root canal filling, because that is not the truth. I don't believe anybody can do that. But what I do mean is that I use every means known to me to prevent this pain, and once I fill a root canal, that patient "has the call" for the next forty-eight hours. That's what I mean. I believe that's why I am fairly successful with my immediate root canal problems.

At any time would my office hours be prolonged and dinner missed—and many a time this has been done—rather than take a chance.

I fancy I hear that hard-hearted Brother McGee calling "the count" on me, so I reckon I'd better quit right here.

In view of the very fine

showing of our correspondents and of what I learned from these *experienced* root canal fillers, I have decided to enlarge the scope of the contest, and, besides the regular prize, naturally awarded to Brother Lief, will award a grand prize (also one year's subscription) to Brother Marshall, and four "Baby Grands" (six months' subscriptions) one each—to Stith, Merkert, Stringfellow and Strong. I am sure that under the able editorship of Brother McGee, ORAL HYGIENE for 1923 will be better than ever before, so I hope they will enjoy the magazine—which they so cleverly won—as much as ever.

Note—A mighty nice letter was received from Dr. B. C. Nash, but as he failed to write in his post office address, of course I could not reply.

* * * *

"Just as we go to press," to use an editorial term,—or, to be more exact, just as my secretary had about finished transcribing the above—and just as I was feeling so good about it all, and patting myself on the back at the thought of all the nice letters that had been received, and how such a nice lot of new friends had been made, here comes the following:

"For a modest and grammatical writer the Prize should go to I Edmund Kells, D. D. S.

"He is the best yet.

from—(Boston Dentist."

(The above is a fac-simile of what was received. No comma

after *writer*; capital *P* for *prize*; small *f* for *from*; a parenthetical mark before the word "Boston." Four errors in five lines! The Boston dentist, who criticises my English, should certainly do better than that.

Now what do you know about that! I have quite a few friends in Boston—"princes of the realm"—and know that if any one of them had wanted to criticise my little "piece," he certainly would have had the manliness to sign his name. There was no reason why this Boston dentist should not have signed

his name. Every writer must expect some adverse criticism. That a criticism of my grammar and modesty should come from Boston, (accepted by all as the hub of culture, etc.) is not to be wondered at; but what could have been a perfectly good and proper criticism, to which no one could have objected, was turned into one beneath one's contempt, because the writer was ashamed to sign his name. Anonymous critics are despicable.

P. S.—H. P. Griffith says: "Just a case of *home brew*—that's all."

Mary Had Some Little Teeth

By MARIAN HORTON RUNYAN

Oh, Mary had some little teeth,
All growing where God made 'em,
But Doctor said 'twas his belief
The devil had decayed 'em.
So out of thirty-two she had
There now are but thirteen.
Oh, fatal number! And how sad
Will be her new routine!
Oh, she may struggle manfully
The staff of life to eat;
But tho' they're scattered here and there
There's only two that meet!
So soup must be her portion;
Oh, sweet music to the ear!
Such "sing"-ular devotion
To one course,—listen!—hear!
And after she has souped until
There seems no joy in living,
How sweet to get a brand new set
The day before Thanksgiving!

Oral Hygiene Progress in Des Moines Public Schools



WILLIAM E. TENNEY,
oral hygienist in
charge of the mouth
hygiene activities
of the Des Moines
Department of Public Health,
working in the Des Moines

schools, has issued the follow-
ing report of progress made
during 1921.

Portable equipment is em-
ployed.

The report follows:

APPROXIMATE VALUE OF SERVICE TO COMMUNITY AT LOWEST PREVAILING PRICES

Prophylactic treatments.....	\$2.00 to \$5.00 (5704)	\$11,408.00
Removing loose teeth.....	.50 to 1.00 (809)	404.00
Gum treatments.....	3.00 to 5.00 (849)	2,547.00
Toothache treatment.....	.50 (195)	97.50
Total.....		\$14,457.00

APPROXIMATE COST TO THE SCHOOL BOARD

Salary of oral hygienist, supplies, repairs on equipment, etc.,
\$2,000.00.

The average cost per pupil was thirty-four cents.

The educational value of such a plan cannot well be estimated
as it affords so many excellent opportunities to pioneer by the
laboratory method this special phase of hygiene.

The close contact with teachers, parents, and pupils, aided
by talks, developed an interest which has not abated, judging
from the following statements by a few of the principals of the
buildings where this service was given.

The following letters have been received by Miss Tenney,
from Des Moines school principals:

MY DEAR MISS TENNEY:

We are trying to follow up the work
of dental hygiene so well started by
you last year. The children are still
interested in keeping their teeth clean,
and only today two boys gave me
money with which to purchase tooth

brushes. I wish that each year the
teeth of pupils might be cleaned and
examined, for in that way I feel that
serious trouble could be avoided.

ADELAIDE LAIRD

Principal, Oak Park School

MY DEAR MISS TENNEY:

In regard to the work you did here, I find upon inquiry that the teachers feel that the children are caring for their teeth much better since your work was done than before. Of course some have fallen by the wayside, and others are careless, but on the whole it was a very good thing, and we would be glad to have you back again.

J. O. MITCHELL

Principal, Park Avenue School

MY DEAR MISS TENNEY:

We feel that at Wallace-Whittier your work of last spring and summer was very valuable indeed, especially among the younger children. Competition is quite keen in regard to cleaning teeth, care of finger nails, etc. Our health conditions are unusually

good, and the per cent of underweights considerably decreased. We feel that it is in a large measure due to improved mouth conditions.

BELLE MCCONNELL

Principal, Wallace-Whittier School

MY DEAR MISS TENNEY:

We find it is somewhat hard to ascertain just how much follow-up work has been done since your work in the building. I read your letter to the teachers and asked them to report to me. Each one who has reported said that some children have had the dental work which you suggested should be done. We were so pleased with your work last year that we hope that we may have you in our building again this year.

NELLIE L. ELLIOTT

Principal, Grant School

	Enrollment	Prophylactic Treatments	Loose Teeth † Removed	Gum Treatments	Toothache Treatments
Park Avenue.....	660	658	149	193	21
Lincoln.....	214	210	12	18	
Maple Grove.....	238	234	37	25	7
Franklin.....	245	235	42	29	11
McHenry.....	365	355	51	56	12
Willard.....	679	675	91	116	21
Brooks.....	775	768	120	137	20
Oak Park.....	550	490	75	93	12
Clarkson.....	300	215	48	39	9
Saylor.....	415	415	77	54	26
Grant.....	400	360	29	36	18
Hubbell.....	600	478	12	11	8
Wallace-Whittier.....	740	380	42	26	16
Cattell Unfinished.....		68	15	8	2
Public Health Show.....		50			
*Garfield Dispensary.....		109	9	98	12
Total.....		5704	809	849	105

*Parochial school pupils and emergency cases from the public schools.

†Temporary teeth too loose to stand prophylactic treatment.

Number of different pupils receiving treatment.....	5883
Number of cases of extreme irregularity of teeth, causing disfigurement..	571
Number recommended for further treatment.....	3354
Number of days spent with special survey committee.....	15
Number of days spent with public health show.....	3

On "The Determination of Infection"

By B. S. DAVISSON, A. B., A. M., Indianapolis, Ind.
Instructor in Chemistry, Indiana Dental College



IN THE Christmas number of ORAL HYGIENE, for 1921, page 1917, Dr. A. B. French reports upon the "The Determination of Infection"—a method employed by Dr. Gage to instantly determine the sterility of a root canal and the approximate degree of infection if infected.

A few minutes' serious thought should convince any dentist that this procedure is unreliable and will not serve the purpose for which it is proposed. Some tests were made to show the fallacy of the method. Sterile cotton points were used and they were handled with sterile cotton forceps. A solution of hydrogen peroxide, as sold by pharmaceutical houses, was employed.

It was found that the sterile points would sink in the solution, but when touched to sputum or to the teeth, they would not sink. After the sputum was boiled sufficiently to destroy all living organisms, the cotton points showed no tendency to sink. According to the article by Dr. French, only one conclusion can be drawn: boiling the sputum has greatly increased the number of bacteria present. Such a conclusion is impossible.

It was found that rubbing the sterile points over the top of a dusty desk would not prevent their sinking in the solution, therefore not being rendered unsterile, according to Dr. French. How many dentists would risk rubbing a sterile cotton point over the cabinet, or picking a point from the floor, before inserting it into a root canal which is to be filled?

Cotton points, touched to blood, which was drawn under sterile conditions, would not sink. This blood could not have been badly infected within the patient's system, as he was in perfect health.

This peculiar behavior is easily explained. Hydrogen peroxide is a compound which will readily give up some of its oxygen when in contact with certain substances, namely those which are easily oxidized or which will activate the decomposition of the peroxide.

In the mouth and in the saliva are found mucin, epithelium, bacteria and other substances which give the saliva its gelatinous-like condition.

These materials with the enzymes of the saliva are capable of causing the decomposition of hydrogen peroxide. The gelatinous-like material becomes impregnated with

oxygen, the thin film about the oxygen gas does not break and allow the oxygen to escape. As a result the bubbles of oxygen are able to keep the mass of material at the surface of the liquid. This behavior is in no sense due to the presence of living bacteria. The result would be the same if not a single bacterial cell was present.

Bood is capable of causing a very rapid decomposition of hydrogen peroxide.

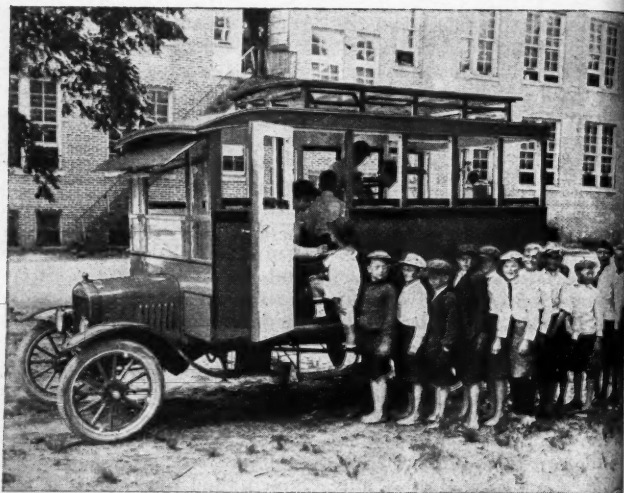
The serum of the blood will hold bubbles of oxygen in the same manner as the saliva, consequently the cotton points will float. In root canal treatment, one is remarkably sure of obtaining blood serum upon nearly every cotton point introduced deep into the canal, consequently they will float when placed in the peroxide solution. It is possible, therefore, to have a root canal sterile yet the points will float.

Live bacteria have nothing to do with the floating of the cotton point. It is merely a

physical condition that will be caused by any gelatinous-like material capable of causing the decomposition of hydrogen peroxide. Furthermore, the action does not prove any point whatever concerning the property of hydrogen peroxide as a sterilizing agent. The property of nascent oxygen as a sterilizing agent is well known and taken advantage of in treatment of water supplies for domestic purposes by means of chlorine and ozone.

The only method of testing the sterility of a root canal is complicated and no short-cut can be substituted. It is too complicated and requires too much time for the practicing dentist. It involves the inoculation of sterile culture media and subsequent incubation to ascertain sterility. The dentist must rely upon the findings of men who have studied methods of rendering root canals sterile, and, to the best of his ability, follow the procedures recommended by such workers.





No business depression here!

This Dental Office is an Automobile

Traveling Dental Clinic Serves Hundreds of Children
Throughout Shelby County, Tenn., says this
Report Reprinted from the Memphis
"Chamber of Commerce Journal"

TWENTY-four hundred school children have better teeth, and consequently better health, because dental care has been carried to them by the Shelby County Traveling Dental Clinic. The Shelby County Tuberculosis Society established the Clinic a year and a half ago. It was built and equipped in Memphis. The

Society purchased the car, furnished it with sanitary, up-to-date dental requisites, provided the dentist and attendants, and finances its operation.

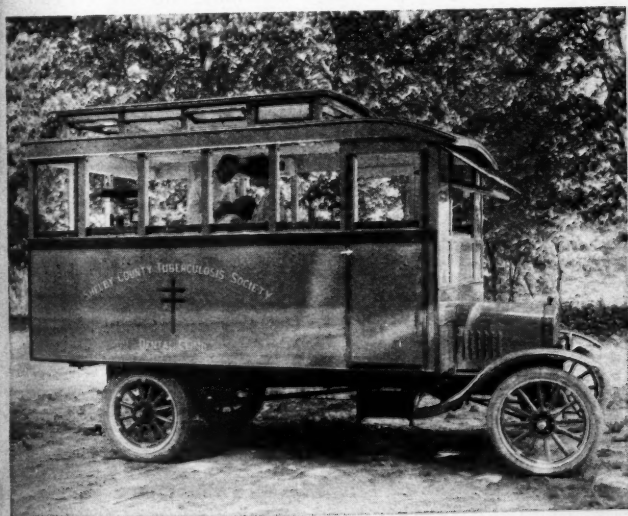
The Automobile Dental Clinic has now reached Locke and the whole neighborhood is in great excitement. Kids' teeth are filled, extracted or cleaned, according to the needs. Children who before have abhorred thought of school and

LIBRARY
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OF
DENTAL SURGERY.
ORAL HYGIENE

517



It's hard to believe that all this is inside of one Ford.



Open-air dentistry "with all modern conveniences."

spent their spare moments making plans to play hookey, are now anxious to attend every day lest they miss their turn with Dr. Harrell, the dentist. Mrs. Harrell, the assistant, gives health talks and special instruction to the children on care of the teeth.

Recently a family of eight, ranging from five to sixteen years, reached the school house before the door was open. Not one of them had attended school a single day this fall.

Why this sudden thirst for knowledge? Why was it mother and father could now spare them from the field?

Surely all the work around the farm had not been finished. What had created this sudden interest? The Shelby County Clinic.

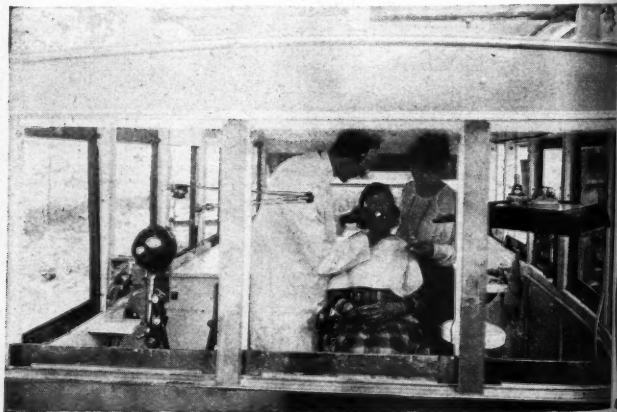
None of these children had ever seen a dentist before and

needless to say their teeth had suffered from the lack of proper treatment. Each child took his turn in the dentist's chair and returned home to tell his parents about the wonders of it all.

Why is it that we hear no weeping and wailing from the Dental Clinic where Dr. Harrell is extracting a tooth from the rather stupid Billy Jones? Is it that a tooth extraction which would hurt terribly in the Exchange Building is a pleasant sensation in the country school yard?

The old adage "there is nothing new under the sun" does not hold true in his case. 'Tis the *novelty* of the thing that attracts.

At one school the dentist has treated fifty children, not one of whom had ever been to a dentist before.



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Lemon Meringue

By JOHN PHILIP ERWIN, D. D. S., Perkasio, Pa.

Are you aware, Mr. D. D. S., that your brother practitioner is rapidly developing a Chesterfieldian courtesy? That he is a Beau Brummell dresser? Do you realize that dentistry is marching victoriously onward like a Pershing Army?

IT HAPPENED in the dineatory of the Thomas W. Evans Museum and Dental Institute, School of Dentistry, University of Pennsylvania, Philadelphia, Pa.

It was while attending the clinics and courses for graduate dentists held under the auspices of the dental organizations of Philadelphia, in celebration of the seventy-fifth anniversary of the Pennsylvania Association of Dental Surgeons, October, 1921, that I had the delightful experience I am about to relate.

I had spent a busy morning in the clinic of Dr. James R. Cameron. It was well past noon when the class was dismissed. Upon the recommendation of some classmates, I ventured into the dineatory of the school for lunch.

As I was scanning the tempting menu, trying to decide whether it would be vegetable soup or clam chowder, beef or chicken, a waitress placed her well-laden tray on my table, that she might more readily

serve a student across the way.

Staring vampishly at me from a corner of that tray was the most delicious piece of lemon meringue hungry eyes ever beheld. The pink and gold custard undoubtedly was the work of an artist. It was a charming creation. In a flash it won me.

Turning to the waitress, I said, "Be sure to save a piece for me. I am very fond of fine custards. Looks mighty appetizing."

Dreaming of my delightful dessert to be as I ate my soup, I was startled when the waitress apologetically informed me, "Very sorry, sir, but I must disappoint you. We have no more custard. That was the last piece."

Bang! went my dream. I was sure out of luck. But sometimes even shattered dreams come true. Mine did.

A strange thing happened. Evidently the young student across the way, for whom the dessert was intended, overheard our remarks, for the waitress soon returned with my wished-for dessert and the

compliments of the young Chesterfield. He graciously relinquished his pleasure to me.

Captain Gloom, sitting at my elbow says, "Ah! g'wan. That doesn't signify anything. The kid didn't like custard. If he did you would never have gotten it. Talk about fine birds—say those fellows in ye olden times had it all over us for doing the grand elegants. Laying a cloak on the ground for a lady to walk on, drinking out of a saucer because a friend across the table spills the etiquette beans and bowing low in courtly style never happen today.

"Nobody cares for his neighbor these times. Everybody is selfish. Listen! Don't get the idea into your head that this age and generation is afflicted with *courtesy*. Why, if you had gone to dental meetings fifty, seventy-five years ago—"

"Whoa! Captain. Throttle down. You're skidding. Look here; I don't claim, because a young student passes over his dessert to me, that this old world has at last attained perfection. Not by a long shot. But I do maintain that the unselfish spirit displayed by that student pictures perfectly the good will pervading the dental profession, and dental meetings, today.

"J. Foster Flag, speaking of dental conventions of his time; termed those early meetings 'battle grounds.' And so they

were. The 'New Departure Corps,' advocates of *Plastic*, was fighting for its life. The gold and amalgam champions were at each other's throats. Each determined to crush his opponent.

"In order to join one dental society, applicants were compelled to pledge themselves, *'not to use any amalgam, and moreover, to protest against its use, under any circumstances, in dental practice.'*

"Consider the war against anesthetics; quarrels engendered by the true and fake discoverers of ether, chloroform and nitrous-oxide. It is a fact, true as sad, that the pages of early dental history display torrents of hate, envy, jealousy, enmity, discord.

"But what a marked change we see today. A Chesterfieldian courtesy possesses the dental profession. When I arrived at college the first morning of the meeting, I was greeted like a prince. Warm hand-clasps; sunny, smiling faces; hearty '*glad-to-meet-you's*' welcomed me on every side. Everybody greeted everyone like children of a big family. You could not find a speck of snobbishness with a microscope.

"The dental students vied with each other to make the Famous Forty-seven, who took the course, feel at home. They enjoyed playing host to their elder brothers. One lad remarked to me, 'How proud you must be to come back al-

ter twenty-five years of practice, and learn the newest methods. I hope my ambitions will remain as bright.'

"And now, Captain, as a solar-plexus blow to prove that we are living in a dental Utopia take this: *every lecturer and clinician connected with the graduate courses devoted and donated his time and services entirely free.*

"And this: Many of the instructors invited members of the class to visit them at their private offices.

"Dean Turner gave the use of the college to the clinicians and post graduates free of all costs.

"Each of the Famous Forty-seven tried his best to brighten the corner wherever he was."

"Nuff! Nuff!" cries Captain Gloom, in despair. "You may be right. But you must admit that the professional man of seventy-five years ago was a regular dandy; that he had it all over you fellows today. He wore nothing but silk; high hat, cravats, lace-cuffed shirts, waistcoats. Judging by pictures, he must have been extremely fastidious.

"How do we see the dentist today? In silks and satins? In glistening tile and rich raiment? Hardly. Harsh, cold duck adorns his figure. If busy in the laboratory, shirt sleeves or bare arms greet us. He does not hesitate to appear negligee.

"Captain, you are wrong again. There is no better dress-

er today than Mr. D. D. S. He is growing into a regular Beau Brummell. He never dressed finer.

"I well remember the first gathering of dentists I saw. It was thirty years ago. They were holding some meeting at the college I was attending. The one feature which I shall never forget was the shabby appearance of those dentists. Run-down heels, baggy knees, shiny seats, soiled linen, reflected the shallow purse of those dental pioneers. It was a seedy picture.

"And the dental students of those early times were not one whit better groomed. Most of the students were poor boys. They could not afford extensive wardrobes. One suit for everyday. One for Holy and holidays. Shave once a week. Hair cuts were out of style. All in all, a sorry-looking lot.

"What a difference today. The students at the University of Pennsylvania, *en masse*, could have stepped before the camera, so well groomed were they. One might have thought they were all dressed up in their best bib-and-tucker to play host to the Forty-seven. Not one boy unshaven nor unshorn. Clothes were of fine materials, neatly cut and well pressed. Shoes shined as brightly as their faces. My, what a grand outlook for the dentist of tomorrow!

"The Forty-seven matched them *even or better* for swell get-ups. I was markedly impressed with the studied, suc-

cessful toilets of my classmates. Some looked as though they stepped out of a band-box. Many could have passed for screen artists. Not one appeared slovenly or down in the heels. All presented a neat, dignified appearance. Now what do you have to say about that, Captain Gloom?"

"Bah! It's only superficial. Lacks depth. All is not gold that glitters. I'll grant that your profession has apparently reached the artistic stage, but the trouble is you dentists do not view your work seriously. You do not work near as hard as did the creators of dentistry.

"Years ago dentists devoted all their time, without help or assistance, to the practice of their profession. They didn't waste valuable time attending movies, dances, teas and such fool stuff. They made all their own instruments, did every bit of their laboratory work, and even made their own teeth and alloys. Today you dentists plan to work from 9 a. m. to 5 p. m. and hope to retire at fifty. Can you beat that?"

"Mighty glad you mention-

ed that, Captain. The most significant truth I learned at this anniversary meet was this remarkable fact: *A dentist today produces many times as much work in eight hours—and does it better, with less pain and it is more enduring—than our forbears did seventy-five years ago in a full day.*

"How? you ask. Efficient methods; conservation of time and energy; sharp, well-patterned instruments; well-trained assistants, high ideals, college curriculums creating and supporting those lofty standards; a mighty National Dental Association with current tributaries; these, Captain Gloom, form the powerful Pershing Army which is marching onward to glorious, dental victories.

"Listen! Captain. When you list the marvels of this Twentieth Century be sure to include modern dentistry. It belongs in the class with aircraft, wireless telephone and telegraphy, submarines, motors and astronomical calculations. Best of all it belongs well up at the head of your list. Don't forget that."



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"Vich Yaw, Doctoor?"

By S. C. MORRISON, D. D. S., Mission, B. C.



N answer to Dr. R. J. Drummond's queries in the January number, I would answer sadly: "Yector, we've all met 'em—, 'ahe varieties you mention and *then some!*"

Regarding "charge" dentures: a very successful tailor once told me, "I've been refused payment on suits that 'didn't fit' after six months wear and I've never known a suit to fit yet, until paid for."

Here is a quiz list for you, Doctor:

Have you ever shown a parent Colgate's chart with the "six year" molars all in red, wasted half an hour's high-brow talk, and then been told, "Yes, but you'd better take out these four anyway"?

Have you ever had a fond mother refuse to have permanent fillings put into upper centrals "because the teeth are growing and the fillings will fall out"?

Have you ever had a patient of Scandinavian birth, when asked to move her jaw, ask anxiously, "Vich yaw, Doctoor?" Or been told by a dainty Nipponese maiden,

when fitting a gold band, "O, Dokker, that's cuttin' my meat"?

Have you had a patient with barnacles on his teeth, like some fouled-up South Sea tramp schooner, say, "Nothing doing, I believe brushing the teeth wears off the enamel. Them people who are always brushin' their teeth are at the dentist's all the time"?

Have you found, like we all, that it's safer to get a large deposit, at first sitting, from the man who calls you "Doc" inside of five minutes acquaintance?

Have you had a thin-lipped, hawk-eyed "prospect" show you a plate and ask, "Can I have these teeth put into a plate for myself? They *were* my mother's"?

Have you had a call from a party, with a breath like a B. C. salmon creek in late August, who asked you, "What's the matter with my plate? I haven't had it out for three years and my mouth feels sore" (and she *hadn't*—gums like a Bolshevik flag)?

Who said the dental profession had no chance to study hooman natur?

A Dentist's Holiday

EDITOR'S NOTE: This story is from an English dental magazine. Through an error the credit line was dropped. We will gladly give credit to the original publisher if he will tell us who he is.

The Englishmen have the advantage of us when it comes to knowing how to play. Recreation and vacation are just as important to our overseas relatives as work. We will greatly lengthen our active period of life when we really learn the gentle art of going away for a holiday and coming back again rested, instead of wearing ourselves out and calling it a vacation. The pictures show some American dentists at play and were sent us by Dr. Giesecke of Denver.

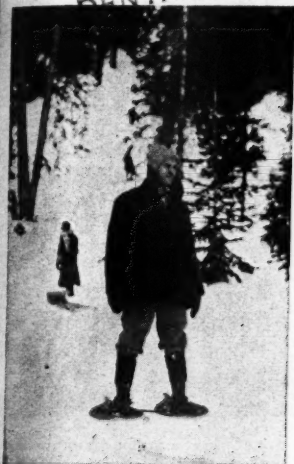


NE of my oldest friends is a dentist, and a busy dentist at that, for his practice is both large and important. Now, what has always struck me as quite absurd is the sort of holiday he takes, and last year, when he cleared off for a couple of weeks' golfing, the usual strenuous two rounds and a little bit more every day, I thought it high time to speak, and this is what I said: "Look here, T. D., week after week you are stuck in your consulting room, standing over your chair, using up your nerve forces, tiring your legs and your back muscles, straining your eyesight, and worrying over your patients and your work. Right-o, then your vacation comes along; instead of a real holiday you tear off, motoring or golfing, always among a crowd, taking it out of yourself, and return-



Dr. William Smedley, of Denver, Colo., the Nestor of Dentistry, who is famous not only for his long years of practice and his long white beard, but also for the fact that he is the only dentist in the State of Colorado that every other dentist in the State of Colorado is on good terms with. Incidentally he is the father of two dentists and the father-in-law of another one.

ing like a washed-out rag. Now, come along with me and I'll introduce you to seven days of absolute rest—the sort of holiday which, now the Government is controlling you dentists, they ought to make compulsory—only they have not got the common sense to do so."



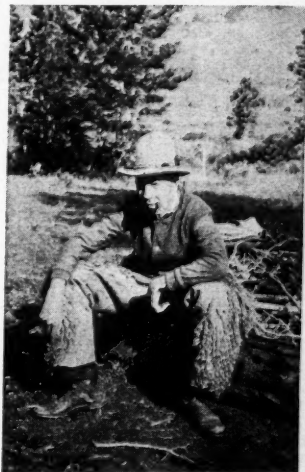
V. C. S., which might stand for "Very Cold Snowshoeing" but which actually does stand for "Victor Clyde Smedley," one of the sons of William Smedley, who is so comfortably seated on the "Bimini" boat in the first picture.



Dr. Frederick S. McKay, Dr. J. Lowe Young and Dr. Austin D. James. This is Dr. James' first Rocky Mountain trout. Dr. Young is shown holding a handful of McKay's hypothetical hair.



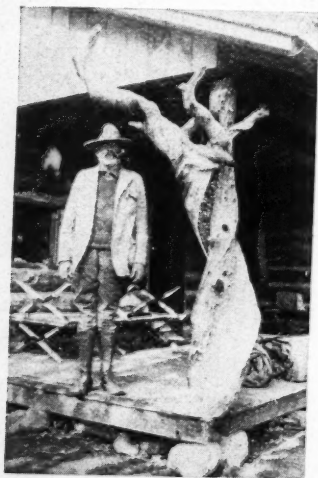
This looks like Doug Fairbanks until he takes his hat off. Dr. Giesecke took this series of photographs and is a member of the Smedley family by selection rather than heredity.



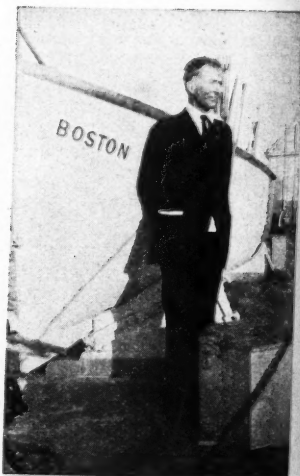
Dr. Austin James who is, confidentially, wearing the same pair of cowboy pants, that Max Giesecke had on in the last picture. The cigar is his own. Max does not smoke.



This group represents Robin Hood and his married men in regular clothes. In the middle is Arthur C. Hamm and it looks as though he is affectionately holding on to Frederick B. Noyes and F. W. Merryfield to prevent them from falling into the abyss that stretches out below.



Old Buffalo Bill here is enthusiastically represented by Dr. J. Lowe Young, of New York. This is Young's camp at Lake Edith, Colorado. The pinion-tree seems out of occlusion.



This picture is what is known as a camera alibi. Dr. I. C. Brownlie printed the word "Boston" on this boat with his fountain pen and then thoughtfully had the photograph made. This puts Brownlie in good with the folks at home.

So I preached, and as my words did not fall on stony ground, less than forty-eight hours found the two of us and a dog camping out in the field of a friendly farmer, within twenty miles of London and twenty yards of the river. My friend soon acquired the secret of true pleasure—to have no fixed rules, no bally time tables, freedom in clothes, meals and hours of sleep. Tumbling into the river when one feels like a bath, whether it is at five o'clock in the morning or after sunset; lolling on the bank, shifting large lemon-squashes and pitying those energetic people rowing up hard against the stream. No such foolishness for us; a leisurely punt to the nearest backwater, where, under the shady trees with book in hand you can lazily listen to the lapping waters, and gently doze, only coming to attention when a rippling laugh warns you of the approach of a trim, white-skirted river-girl paddling round the bend. Some picture, with her bared brown arms.

And then in the evening, when after a nondescript meal which tasted ever so good, we stretched ourselves outside the tent. Lighting our pipes, we both sat silently, drawing deep breaths of the cool, scented air. In the distance a gramophone was playing one of the songs from "Irene"—and the river is the only place where a gramophone is bearable. No other sound broke the silence; twi-



Arthur D. Black making a careful examination of the teeth of the American Continent as represented by the Rocky Mountains.

light in all its peaceful beauty lay before us. After a little I turned and asked T. D. how he was enjoying it.

"Man," he said, "it is the first holiday I have had for years in which I have been able to forget worrying patients, crying children and the hundred and one things of a dentist's life," and he drew another deep breath of the balmy air.

Slowly the stars came out, and wrapping our blankets round us we were soon fast asleep.

I had lunch with T. D. a few days ago. He told me he never felt so fit for work, and that on his return his golf was better than it had been for years.

Association of Military Dental Surgeons of the United States



AT the meeting of the National Dental Association in Los Angeles, the Association of Military Dental Surgeons will have their own program and exhibit which will be of the greatest interest to every dentist who has seen service in the army or navy, U. S. Public Health Service, National Guard or the Reserves.

This Association has the very definite object in view of continuing the interest and bringing forth the latest ideas in the handling of dental problems upon a large scale. The methods and plans that are reviewed at this meeting are applicable not only to the military, but to industrial and educational work as well.

It is greatly to be hoped that every man who is eligible will send in his dues, which are two dollars per year and include the *Military Dental Journal* so that the membership may be rightly representative of the great number of our profession who have served or are now serving in any of the divisions of the military service of this country. There is no initiation fee, and no red tape, about this membership. Only those who have had bona fide commissions can become members.

Do not lose your interest, in the great things that have been done and the greater

things that will be done, by neglecting to join this organization if you are eligible.

When you go to Los Angeles take your uniform along and put it on the day we have the big meeting. Before long there will be a local organization for each of the military zones into which the United States is divided and these local bodies in affiliation with the National body will form the real Dental Reserve of the United States of America.

Send your check for two dollars to Captain W. D. Vale, D. C., U. S. A., 1801 Sixteenth Street, N. W., Washington, D. C.



The



This sandwich was put in the test to see if the tooth would work on Fridays. It was a sardine sandwich.

By REA PROCTOR McGEE, D.D.S., M.D., Pittsburgh, Pa.



UP in Massachusetts a prim little lady entered a dental office and, producing a lower denture from the depths of her hand-bag she exhibited a broken central and asked whether it could be replaced without being noticeable.

The dentist assured her that a lower central incisor of the

same mould and shade could be inserted and that the plate would be exactly the same as before.

The denture was left and in due time was repaired. When the old lady returned for her plate it was handed to her and she made a very critical examination. Finally she said: "Well, it looks all right."

She then opened her cape-

*Suggested by an experience of Dr. W. W. Swasey, Jr., Springfield, Mass.

The Test*

cious shopping bag and after searching in the various compartments she produced a small package, which proved to be the fragments of the original porcelain tooth, wrapped in paraffined paper.

The old lady then made a careful comparison and pronounced the new tooth perfect in shape and color.

The doctor presumed that his patient was satisfied for she placed the denture in her mouth and tried the articulation, which she admitted was perfect.

Instead of paying her account and going her way she again invaded the mysterious interior of the shopping bag and after some careful work, produced a paraffined paper package, which she announced was a corned beef sandwich and remarked: "You see, doctor, I came prepared to prove whether this tooth would be satisfactory."

She ate the corned beef sandwich slowly and pronounced the tooth perfect on *this* test. She then opened her bag and, drawing forth another package, removed the paraf-

fined paper and exhibited what she termed a roast beef sandwich. With great deliberation, the roast beef sandwich was added to her stock of nutrition and at the conclusion of this test she announced the failure of the new tooth to make "bogie."

The next package to be produced proved the versatile appetite of the patient. This sandwich was put in the test to see if the tooth would work on Fridays. It was a sardine sandwich.

She slowly and carefully masticated the thin slices of bread and the little fishes on the new tooth and, while the result seemed satisfactory, she was yet a little in doubt.

The doctor, not knowing what might yet be in store as a test—you know mayhem is the crime of biting live people—suggested that she take the denture home and that after trying it out on Thanksgiving, and Christmas dinners, perhaps she could decide by New Year's whether or not the final tests were one hundred per cent—payment to be made eventually.

Pyorrhea Alveolaris

A Suggestion

By R. R. BRYEN, D. D. S., Wilson, Pa.



O eliminate pus pockets and inflammatory conditions in the treatment of pyorrhea alveolaris, I find that the most valuable agent to employ is a concentrated solution of sodium hypochlorite. It is very effective in the mouth where infection prevails.

After removing all calcareous deposits, it can be used either in the syringe or by the swabbing out method with an orange-wood stick or steel probe. The strength employed at the chair is about 40m or drops to 4 oz. of water.

The patient is required to use the solution as a mouth wash every three or four hours, the strength employed being 10m to one-half glass of water.

This method is followed for about two weeks seeing your patient every other day, before any other ingredient is used, thus giving plenty of time for the tissues to respond and also for the patient to realize that

he or she is a very important part in the proper treatment and ultimate curing of this disease.

The next step is to dry thoroughly the tissues which have been under treatment, and insert your paste. Cover this with a good coat of collodion. Bear in mind the fact that the tissues should be kept perfectly dry while the operation is in progress. Use your syphon and cotton rolls. This will eliminate extra work and you will find easier and better conditions prevailing throughout.

We must remember that this disease is essentially a chronic one and thus the lesions, which heal more or less slowly, depending entirely upon their size and the recuperative power of the tissues, very easily become reinfected.

To obtain satisfactory results, therefore, requires time and patience on the part of the dentist.



ORAL HYGIENE Sepia Section

DENTAL SURGERY.

*A few glances at Southern California — don't they
make you want to attend the Los Angeles
Meeting in July?*



Photo. L. A. Chamber of Commerce;

Samarkand, copied after the Persian, is situated in the hollow of the mountains of Santa Barbara with the ocean stretching out before it. No more beautiful hotel can be found in the world.



Photo. L. A. Chamber of Commerce.

Zinnia beds on the Bodger flower farm near Los Angeles and winter bathing girls sunning themselves in the gardens.

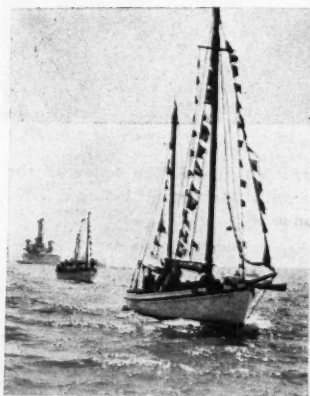


Photo. L. A. Chamber of Commerce.

Los Angeles Harbor, home port of the Pacific Fleet. Battleships and racing yachts are both welcome in the quiet waters of the Southern Pacific.

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Largest vine in the world, near Los Angeles at Sierra Madre. Elizabeth King is seen picking blossoms measuring a foot in length.



Photo. L. A. Chamber of Commerce.

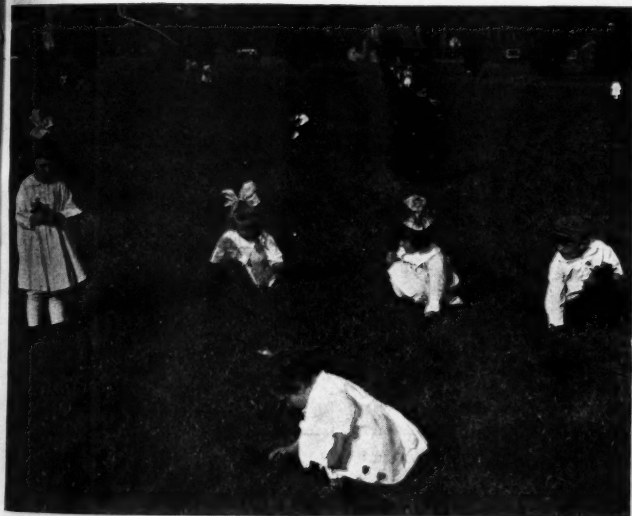


Photo. L. A. Chamber of Commerce.

In the spring of the year the golden poppy fields, spread like a Persian carpet, attract thousands of children, beauty lovers and artists who declare there is no sight equal to the yellow masses waving in the breeze.



Photo. L. A. Chamber of Commerce.

San Gabriel Mission, founded in 1771, is called Queen of the Missions for the beauty of its architecture.

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*From

Department of Peditadontia

W. A. BRIERLEY, D.D.S., Denver, Colorado

Contributing Editor

Why Teeth Decay*

DENTAL decay is caused by the action of bacteria, or germs, which normally inhabit the mouth. These germs, acting in the presence of food debris and certain elements in the saliva, result in the formation of an acid which attacks the enamel covering the exposed parts of a tooth, after which the underlying softer parts rapidly become destroyed. Many other factors are actual and potential causes of dental decay and its progress such as:

1. Low resistance of the teeth to decay because of developmental defect (antenatal and postnatal).
2. Faulty diet (both of the mother during pregnancy and of the child).
3. Neglect of dental attention through ignorance of the parents.
4. The cost of dental attention, a serious consideration with families of low economic status.
5. Failure of the child to call attention to the condition of the teeth, either because it is too young or because of fear.
6. Lack of dental facilities, so common in rural sections.

Some Effects of Dental Decay

It is still very little realized by most people that the teeth play a very important part in determining general health. Careful scientific investigations of recent years, however, have shown that uncorrected defects in children may seriously injure the growth and development of the body and greatly lower the child's resistance to communicable disease. From the standpoint of school progress, carefully kept records have indicated toothache as one of the most frequent causes of absence from school and that neglected mouth conditions are responsible for a very high percentage of retardation in school work. In addition to these immediate results of dental neglect, the X-ray has pointed to diseased teeth as the starting point of many of the so-called degenerative diseases of later life, the onset of which might have been delayed or prevented by proper dental attention during childhood.

1. Growth and Development

A very high percentage of undernourished children show marked evidence of dental

*From Reprint No. 622 of the Public Health Reports.

decay. The examination of a group of 270 of this class at present under the supervision of the Public Health Service revealed 33 per cent of them with from one to four cavities, 48 per cent with from four to eight, and this same group showed some with nine, ten and eleven cavities.

Young children are notoriously capricious in the choice of food, and when to this tendency there is added imperfect mastication through faulty or painful teeth, the child often refrains from eating the foods best adapted to its needs, even when such foods are offered. In addition to this, the poison absorbed from rotting teeth may seriously affect the child's nutrition and vital existence. A clean mouth, free from sepsis is a prerequisite for the proper growth and development of children.

2. Resistance to Communicable Diseases

It is quite generally accepted that an individual falls victim to a communicable disease because of the size of the dose of the infecting agent, the virulence of the infecting organism, or an increased susceptibility which is due to lowered vital resistance. Of the many causes operating to lower resistance it is reasonable to suppose that the absorption of septic material from rotting teeth and diseased gums plays an important role. Conversely, it is also reasonable to suppose that a clean, healthy mouth

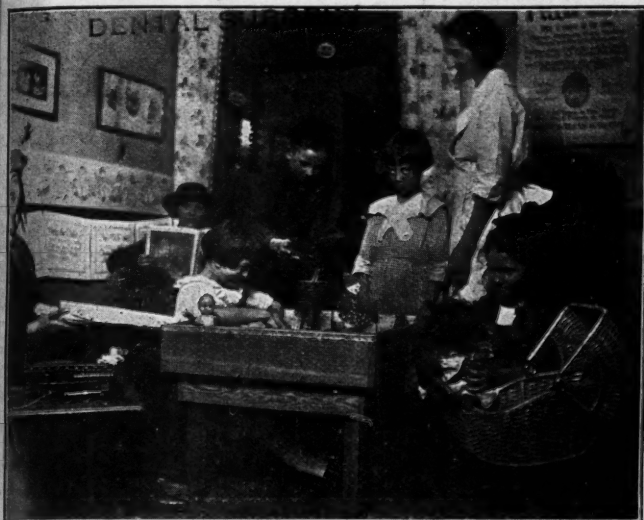
will tend to increase the vital resistance of children and render them less susceptible to the communicable diseases. Converging evidence from many sources tends to show that bad teeth do exercise a harmful influence. In Bridgeport, Conn., where during the last five years special attention has been paid to the operation to dental clinics, reports by the city board of health indicate that there has been a very considerable reduction in the incidence of communicable diseases in that city during the period following the establishment of school dental clinics in the year 1914. During this period diphtheria showed a decrease from 26.6 per cent to 18.7 per cent, measles, 20 per cent to 4.4 per cent, and scarlet fever from 14.1 per cent to 0.5 per cent.

3. Preservation of Facial Symmetry

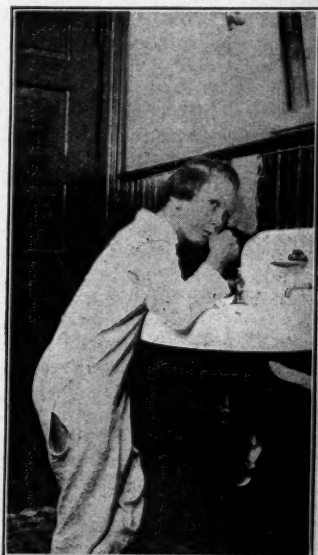
The preservation of the pulp (commonly referred to as the "nerve") in the "baby teeth" is of the greatest importance. If this is not a normal condition the roots of the first set of teeth will fail to absorb, and many of the irregularities in the permanent teeth may be attributed directly to this cause. The loss of a temporary tooth before proper time also may result in the eruption of the permanent tooth to follow, before thorough calcification has taken place, in which case it is more subject to decay. Very frequently little, if any,

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In the "Play and Educational Room" of Dr. D. A. Elwell, pediatrician, of Toledo, Ohio. The equipment consists of a sand table, dolls and buggy, train of cars, automobile, table and dishes, funny clown, Mutt & Jeff, Mother Goose rhymes, scrap book and educational charts.



"Get the Habit" is the title of this picture, enlarged, which hangs in the "Play and Educational Room" of Dr. D. A. Elwell, Toledo, Ohio.

attention is paid to these temporary teeth, parents assuming that they will be replaced later by the permanent teeth and, therefore, that attention to them is unnecessary. It is rare to find a child who has not had toothache at some time. Even dentists as a rule pay little attention to these teeth, because young children are difficult to work for. This is unfortunate, because in reality more can be done for an individual by proper attention to the first set of teeth than by repairing the ravages of decay in the permanent set after they have taken their places in regular manner.

Among 7,059 children examined during a recent investigation of mouth conditions by the Public Health Service, 1,822 or 25.81 per cent, of them were found to have lost one or more of the six-year molars. Because this tooth is the first permanent tooth to appear, and erupting back of the last temporary tooth, it is frequently mistaken for a temporary tooth. This is nothing short of a calamity. Not only does the loss of this tooth mean the loss of masticating surface, but the tooth also determines to a considerable extent the relative positions of the other permanent teeth. Forming, in a manner the keystone of the dental arch, with its loss the arch collapses to a greater or less degree, markedly modifying the facial symmetry

of the developing child. It is important to remember that in young children the first permanent molar is the sixth tooth back, counting from the center. Parents should be instructed to watch it carefully for beginning dental decay in order that steps may be taken in time for its preservation.

4. Degenerative Diseases

The child is father to the man in more ways than one. Not only is this true from the standpoint of the acquirement of habits of thought and action during the developmental period, but also from the physical standpoint. Reference has been made to the fact that the percentage of children in need of dental attention is highest among those of seven and eight years of age. The neglect of the teeth in early life usually means an infected mouth with abscesses at the roots of the teeth which, unless cared for, persist in later life. It readily may be seen that such abscesses may act as reservoirs of infectious material which may enter the blood stream and be carried to the remote parts of the body, frequently causing rheumatism, heart disease, kidney trouble, and other ailments which may materially shorten life. It has been said that one-fourth of all of the people who die annually in the United States have their life shortened from five to ten years by these so-called degenerative diseases.

EDITORIAL

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The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

Organization



THE most valuable asset of any going concern is the organization of its personnel. This applies not only to armies but to any other group in which the human element is an essential factor.

Organization means the recruiting of individuals willing to work, able to work, experienced or educated along the lines of the endeavor needed, whose loyalty is developed and among whom there is a proper delegation of authority.

Without these things, all of the machinery of business, manufacture, politics, peace or war, is useless. All of this means that the value of the individual is tremendously increased when that individual becomes an integral part of a working force.

The greatest factor of failure in the maintenance of the organization is the

factor of health because if working conditions or pay are the subject of argument they can be adjusted definitely by agreement but when loss of health steps in as a disorganizer all of the agreements on earth are hopeless.

No injunction can send a patient back to work and no sick man or woman is worth much on any job at any time.

The most frequent cause of loss of time from business, industrial and professional institutions is preventable diseases of the mouth and teeth or diseases that gain their entrance to the body through the mouth.

There was a time when we considered the health of the mouth from merely a humanitarian standpoint but that time has passed and we now know that oral conditions are just as much an economic factor as are fluctuations of the money market.

With young workers, the health of the mouth must be maintained or they will never become old workers and with the older workers, those whose experience and thought and skill have more than compensated for the loss of some of their earlier energy, the factor of oral hygiene, mouth health, is the greatest single factor in the preservation of their abilities for a normal period of years.

Wherever a firm neglects to make provision for the care of the mouths of its employes, that firm is overlooking one of the greatest factors in a uniform and continued effort for the advancement of the business interests, to which their energies are devoted.

For many years we thought of the dental profession as a luxury for the wealthy, then as a humanitarian institution for the prevention of pain, disfigurement, and all of those inconveniences that come from the loss of teeth.

Then we began to realize that mouth conditions are not purely local but are essentially general in their effect and in the necessity for their treatment and we now realize, just as all of the thoughtful business interests will soon realize, the fact that the energy and regularity of effort upon the part of every individual, from president to office boy, depends to a very alarming extent upon whether or not the dentist has been consulted and upon whether or not the dentist knows what to do when he is consulted.

The broadening of the scope of dentistry carries with it the necessity for broadening of the scope of the dentist and this can only be accomplished by having every member of the profession take the most intense interest in his own professional advancement.

Commercialized Patriotism



HERE are a few things in this world that are above valuation in dollars and cents—a few things that the fingers of gold can never grasp and one of them is love of country. No matter what form of government—good, bad, or indifferent—that government cannot stand unless patriotic men and women, without hope of reward, are willing to fight and die for it.

The bonus idea has a great many arguments in its favor. Most men who were in service will argue for the cash bonus for the benefit of the other fellow, but when the question comes right home: “Are you satisfied to have a cash value placed upon your patriotism?” they very rightly say: “No!”

By every means at our command, let us do all in our power, all that this great government can do, for the wounded or sick ex-service man—but why a land-office hand-out for the able-bodied?

The distribution of the great sums of money that will be necessary to pay even a small bonus will be so tempting to the myriads of distributors that if one dollar out of five ever reaches a soldier it will be little less than a miracle. Our great grandchildren will still be signing applications through the bonus lawyers of the future.

If something must be done, why not paid-up insurance? Every man had to

carry his own during the war. That was not fair. The government should assume all physical risk for its defenders.

Let's have the cash bonus business passed up except for wounded and sick men, then if Congress really wishes to express a concrete opinion, make it paid-up insurance that will give every ex-soldier a little comfort at the end of a life that he would gladly have sacrificed for the United States of America, if Fate had so willed it.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. *He may print it—but he won't send it back!*

The woman who says a man doesn't know the difference between a casserole and a camisole is wrong. A casserole is a dingus and a camisole is a hickey.

Casey got a job at \$6 a week. He gave his wife \$5 and kept \$1 for himself. The next week he gave her \$1 and kept \$5.

"How do you expect me to manage on that?" says his wife.

"I dunno," says he, "I had a rotten time."

Casey and Kerrigan went to a fortune teller. When the fortune teller was out of the room they found a bottle of whiskey, which they drank. The fortune teller returned, discovered the empty bottle, and asked Casey: "Did you drink it?"

Casey said "No."

"Did you drink it?" she asked Kerrigan.

"Come on," says Casey, "she's no fortune teller."

Says a policeman to Kelly who had hit somebody: "Why did you strike that man?"

"He called me a rhinoceros three years ago."

"What! You hit him for what happened three years ago?"

"I just saw a rhinoceros at the zoo for the first time."

A small woman traveling over the Southern Pacific with her son—a boy very large for his age—handed the conductor a half-fare ticket and a whole-fare one.

The conductor scrutinized the boy critically and said, "But, madam, I can't pass this boy on a half-fare ticket. He is very large and has on long pants."

"Very well," replied the woman, "if that is the basis for your decision, use the whole ticket for him and the half for me."

He: I could dance on like this forever.

She: Oh, I'm sure you don't mean it. You're bound to improve.

I like the Spring—The silken hose, the wind that blows the girly's clothes. I like the Spring.

I like the Spring—The negligees, its sunny rays reveal to gaze. I like the Spring.

The old lady in the confectionery was getting impatient at the lack of service. Finally she rapped sharply on the counter.

"Here, young lady," she called. "Who waits on the nuts?"